FORM D

a federal notice.

1086

/308/30

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	040488	392		
SEC	USE ON	LY		
Prefix		Se	rial	
DAT	E RECEIV	/ED		

Name of Offering ()	check if this is an amendment and name l	has changed, and indicat	e change.)		
Filing Under (Check box(e	es) that apply):	□ Rule 505	⊠ Rule 506	□ Section 4(6) □	ÛLOE
Type of Filing:	New Filing 🗆 Amendment				Sold Control
		DENTIFICATION DA	TA	1	1,04
1. Enter the information re					
Name of Issuer (□ che USI FCTEA, LLC	eck if this is an amendment and name ha				
Address of Executive Office 895 West 2600 South, Sal		eet, City, State, Zip Cod	e) Telephone Nun (801) 983-0390	nber (Including Area Code)	
Address of Principal Busir (if different from Executiv		eet, City, State, Zip Cod	e) Telephone Nun	nber (Including Area Code)	
Brief Description of Busin				<u> - PR90</u>	1000E
Escrow trust to pay debt	s and obligations of the company's me	mbers in connection w	ith the sale of anoth	B WUV [
Type of Business Organ	nization			77000	1 "
□ corporation	☐ limited partnership, alrea	- -	🗵 other (pl	ease specify): limited liabi	KtyAJ_
□ business trust	☐ limited partnership, to be	e formed		company	
	of Incorporation or Organization: on or Organization: (Enter two-letter U.S CN for Canada; FN	Month Year 1 0 2 S. Postal Service abbrevi for other foreign jurisdice	ation for State:	□ Estimated U T]
General Instructions					
Federal: Who Must File: All issuers or 15 U.S.C. 77d(6).	s making an offering of securities in relia	nce on an exemption un	der Regulation D or S	Section 4(6), 17 CFR 230.5	01 et seq.
Securities and Exchange C	ust be filed no later than 15 days after the Commission (SEC) on the earlier of the dehich it is due, on the date it was mailed be	ate it is received by the S	SEC at the address gi	ven below or, if received at	that
Where to File: U.S. Securi	ities and Exchange Commission, 450 Fif	th Street, N.W., Washing	gton D.C. 20549.		
	copies of this notice must be filed with t e manually signed copy or bear typed or		ust be manually sign	ed. Any copies not manual	lly signed
Information Required: A rechanges thereto, the information the Appendix need not be	new filing must contain all information re mation requested in Part C, and any mater filed with the SEC.	equested. Amendments rial changes from the inf	need only report the ormation previously	name of the issuer and offer supplied in Parts A and B.	ring, any Part E and
Filing Fee: There is no fee	deral filing fee.				
adopted ULOE and that hat where sales are to be, or hat amount shall accompany to	o indicate reliance on the Uniform Limite ave adopted this form. Issuers relying on ave been made. If a state requires the pay his form. This notice shall be filed in the otice and must be completed.	ULOE must file a separ yment of a fee as a preco e appropriate states in ac	ate notice with the Sondition to the claim	ecurities Administrator in e for the exemption, a fee in	ach state the proper
		ATTENTION			

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the

2. Enter the information requ		wing:	IFICATION DATA		
•		ier has been organized with ver to vote or dispose, or di	•	of 10% or more o	f a class of equity securities
the issuer;		·	·		
Each executive officEach general and ma			orporate general and managi	ng partners of par	tnership issuers; and
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☑ General and/or
Check Box(cs) that Apply.		When	Li Exceditive Officei		Managing Partner
Full Name (Last name first, if	findividual)				
Brad Fairbanks Business or Residence Address	ss (Numb	er and Street, City, State, 2	Zip Code)		
895 West 2600 South, Salt L	ake City, Utah 8	4119			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Numh	er and Street, City, State, 2	(in Code)		
Business of Residence Addition	35 (Maine	or and belook, only, beate, 2			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Numb	er and Street, City, State, 2	Zip Code)		
	(********	,,			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Numb	er and Street, City, State, 2	(in Code)		
Dusiness of Residence France	oo (11amo	or and brood, only, brate, 2	ip code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addres	ss (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Numb	er and Street, City, State, 2	Zip Code)		
	· · · · · · · · · · · · · · · · · · ·				
	(Use blank	sheet, or copy and use add	itional copies of this sheet,	as necessary.)	

•					В	. INFORM	ATION AE	BOUT OFFI	ERING					
1. H	las the iss	suer sold,	or does the	issuer inte	nd to sell, t	o non-accre	dited invest	ors in this of	fering?			Yes □	No ⊠	
					Answer a	ilso in Appe	ndix, Colur	nn 2, if filing	g under ULC	E.				
2. V	Vhat is th	e minimu	m investme	ent that wil	l be accepte	d from any	individual?	***************************************				\$20,000		
				, .		1.0						Yes	No	
			-											
si a o ir	imilar rer n associa r dealer. nformatio	nuneratio ted persor If more t n for that	n for solici n or agent o han five (5 broker or o	tation of pu of a broker) persons to dealer only	rchasers in or dealer re be listed a	connection gistered with	with sales on the sales of the sales	d or given, di of securities ind/or with a such a brok	n the offerin	g. If a perses, list the n	on to be list ame of the b	ed is		
Full	Name (La	ist name i	first, if indi	vidual)										
Busii	ness or R	esidence .	Address (N	lumber and	Street, City	, State, Zip	Code)							-
Nam	e of Asso	ciated Br	oker or De	aler										
State	s in Whic	ch Person	Listed Has	Solicited of	or Intends to	Solicit Pur	chasers	· · · · · · · · · · · · · · · · · · ·						
(Ch	eck "All	States" or	r check ind	ividual Stat	es)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••		••••••			🗆 All St	ates	1
[AL [IL		AK] [N]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	-	ID] MO]
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		. 1		1	Stt Cit	Ct.t. 7:-	C- 1-)							
Busn	ness or K	esidence .	Adaress (N	umber and	Street, City	, State, Zip	Code)							
Nam	e of Asso	ciated Br	oker or De	aler										
Stata	s in Whit	h Darcan	Listed Has	Solicited (or Intends to	Solicit Pur	chasers							
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[RI Full		SC] ast name:	[SD] first, if indi	[TN] vidual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]		PR]
Busin	ness or R	esidence .	Address (N	lumber and	Street, City	, State, Zip	Code)							
Nam	e of Asso	ciated Br	oker or De	aler										
						Solicit Pur						= AU C:		
(Ch		States" oi AK]	r check ind [AZ]	ividual Stat [AR]	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ All St. [HI]		[D]
[IL [MT	֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	IN] NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [HO]	[MN] [OK]	[MS] [OR]	[]	10] FA]
[RI		sc j	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wvj	[wj	[WY]		PR j

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Amount Already

	C OFFEDING PRICE NUMBER OF INVESTORS EVENIES AN	D LICE OF PROCEEDS
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	
	Type of Security	Aggregate Offering Price
	Debt	\$-0-
	Equity	\$15,500,000

g Price Sold \$-0-0,000 \$15,500,000 **⊠** Common □ Preferred Convertible Securities (including warrants)..... \$-0-\$-0-\$-0-\$-0-Partnership Interests Other..... \$-0-\$-0-\$15,500,000 \$15,500,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors..... 27 \$15,500,000 \$93,000 4 Non-accredited Investors.... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A..... Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee \boxtimes Printing and Engraving Costs \boxtimes Legal Fees..... \$5,000 \boxtimes \$10,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) X \$1,360 Other Expenses (identify) Blue Sky Filing Fees and Finders' Fees..... X \$16,360 Total

	C. OFFERING PRICE, NUMB	21. 01 21., 20 x 01.0, 21.11 21.020					
,	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						
5.	Indicate below the amount of the adjusted gross procedused for each of the purposes shown. If the amount furnish an estimate and check the box to the left of the listed must equal the adjusted gross proceeds to the is Question 4.b above.	nt for any purpose is not known, e estimate. The total of the payments					
			Payments to				
			Officers, Directors, &	Payments to			
			Affiliates	Others			
	Salaries and fees		□ \$				
	Purchase of real estate		□ \$	_			
	Purchase, rental or leasing and installation of mach	inery and equipment	□ \$				
	Construction or leasing of plant buildings and facil	ities	\$	_ □ \$-0-			
	Acquisition of other businesses (including the valu						
	offering that may be used in exchange for the asset pursuant to a merger)			□ \$-0-			
	Repayment of indebtedness		□ \$				
	Working capital		- \$				
	• .			U 3-V-			
	Other (specify): Escrow fund to hold funds from the		5	- ⊠ \$15,483,640			
	debts and obligations of the memb						
	Column Totals		□ \$	_ □ \$-0-			
	Total Payments Listed (column totals added)		⊠ :	\$15,483,640			
		D. FEDERAL SIGNATURE					
sigi	s issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnishermation furnished by the issuer to any non-accredited in	h to the U.S. Securities and Exchange	Commission, upon writi				
	ner (Print or Type)	Signature		Date			
Issu			1 1				
	I FCTEA, LLC	I Brad tan	bank	11/3/04			
US	re of Signer (Print or Type)	Title of Signer (Print or type)	bank	11/3/04			

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•	E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.262 presently su	bject to any of the disqualification provisions of such rule?	No 🗵				
	See Ap	opendix, Column 5, for state response.					
The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is fam Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions have	niliar with the conditions that must be satisfied to be entitled to the Uniform I notice is filed and understands that the issuer claiming the availability of this we been satisfied.	Limited s exemption				
	ssuer has read this notification and knows the contents authorized person.	to be true and has duly caused this notice to be signed on its behalf by the ur	ndersigned				
Issue	er (Print or Type)	Signature / Date					
JSI	FCTEA, LLC	They Fambanh 11/3/	54				
Vam	e (Print or Type)	Title (Print or type)					
Brac	l Fairbanks	Manager					

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed cop or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2) Number of				Disqual under Sta (if yes explan waiver	ification ate ULOE, attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Non- Accredited Investors	Amount	Yes	No
AL									
ΑK									
ΑZ									
AR									
CA									
СО		Х	Membership Interest	9	\$4,653,100.00				×
СТ									
DE									
DC									
FL		х	Membership Interest	5	\$6,593,700.00				×
GA									
ні									
ID									
IL						-			
IN									
IA									
KS									
KY									
LA									
МЕ									
MD		Х	Membership Interest	5	\$1,105,150.00				Х
МА									
МІ									
MN						!			
MS									
МО									

<i></i>				API	PENDIX				
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH									
NJ		Х	Membership Interest	2	\$534,750.00	4	\$93,000		×
NM									
NY									
NC									
ND									
ОН									
OK									
OR		Х	Membership Interest	2	\$176,700.00				X
PA									
RI									
SC									
SD									
TN									
TX									
UT		X	Membership Interest	1	\$1,368,650.00				X
VT									
VA									
WA		X	Membership Interest	3	\$974,950.00				X
WV									
WI									
WY									
PR				1	(